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### ART. I.—ANTIPHLOGISTIC PROPERTIES OF MERCURIAL INUNCTION.

The reputed antiphlogistic properties of mercurial inunction, or of what the French writers term "the abortive treatment of inflammation by mercury," are doubtless well known to most of our readers. The practice has often been adopted in this country—by ourselves frequently in erysipelas—with varying success. That much, if any, effect is exerted by the mercury may well admit of question; and perhaps the fatty matters act mainly by preserving the parts soft, and preventing the dessicative influence of the air, which we know to be so injurious, especially in the variety of erysipelatous inflammations constituting burns and scalds.

In a late French medical periodical<sup>1</sup> we find the following report of a discussion on this subject before the Académie Royale de Médecine of Paris. It will be observed that the practice has been extended to cases of phlegmonous inflammation.

M. Guéneau, of Massy, charged with making a verbal report upon a memoir of M. Serre, entered into some considerations. The following are the principal parts of his analytical exposition:—

Reserved exclusively for syphilitic disease, mercury was strictly forbidden in the treatment of the phlegmasiæ.

The inhibition, indeed, went so far, that it extended even to cases of infection, if there was ever so little irritation.

In the course of a few years therapeutics singularly extended the indications for mercury. After having proved its utility against diseases called virulent, such as tetter, variola, vaccina, etc., it was extolled in certain inflammations, among others in iritis, peritonitis, etc., and was given as one of the most powerful antiphlogistics.

At length M. Serre of Uzès, added his authority to those of Hunter, Delpech, and Velpeau, and proposed mercury in erysipelas, phlegmon, phlebitis, anthrax, malignant pustule, and generally in all external inflammations, whether spontaneous or traumatic. His experiments were commenced in 1825; eleven years have consequently elapsed, and the result has not varied. Mercury produces in the phlegmasia effects as happy as they are prompt; and they are so prompt that they do not permit the disease to advance. In twenty-four, or forty-eight hours, the inflammation is arrested. Blood-letting, when it succeeds, does not act more promptly. When the disease has not yielded at the end of this time, there has been every reason to believe that other means would not have succeeded better, and we may expect suppuration or some other destructive termination. So that, to use the expressions of that author, mercury becomes a precious touch-stone to the practitioner, anxious to know, at the commencement, whether any phlegmasia will

<sup>1</sup> Bulletin Générale de Thérapeutique, Juin 30, 1837.

resolve it, or if it will inevitably pursue its course to disorganisation; data most useful, inasmuch as they may prevent the fatal consequences of those vast suppurations which jeopard so often the life of the patients.

The simple and the double mercurial ointment have been employed almost indifferently, although there is a great difference between them. The first is uncertain; it is not of that we speak. The second, the double mercurial ointment, is the only one which possesses the qualities we ascribe to the mercurial ointment, and the only one, consequently, which justifies the reputation we are endeavouring to make for it. It ought to be of a deep grey colour and well charged with mercury. If when rubbed upon the hand it presents a dull aspect, it is good; it is not so when it has a brilliant appearance. In summer it may be rendered less soft by adding lard to it. In winter it ought not to be touched.

The quantity must be proportioned to the intensity of the inflammation; that is to say, the more serious the inflammation, the more mercury must be used, and reciprocally. This, it will be observed, is the reverse of what is commonly done. In all cases the diseased parts and the parts beyond them, are covered at first with mercurial ointment; and gentle frictions with the hand are used for eight or ten minutes, unless, indeed, the pain should render this insupportable to the patient. Except in this case it is very useful to favour the absorption of the mercury. This done, the part is covered with a dry cloth, and the frictions are renewed every two hours, and even oftener, if the surface is of small extent; for then salivation is by no means to be feared.

Besides this accident, which is made a bug-bear, is excessively rare. M. Serre has never seen it in his patients. May it not be with mercury in a large dose as with emetic tartar in a large dose? However this may be, M. Serre is convinced that the antiphlogistic effect of mercury invariably precedes salivation.

In a tour which he has just made to Paris, M. Serre easily obtained, through the politeness of M. Lisfranc, facility for employing mercurial frictions upon some patients at La Pitié; and at Paris, as at Uzès and at Alais, where the author now practises medicine, his method has obtained the most happy results.

The reporter terminated by signalling the extensive therapeutical bearings of the method of M. Serre, and by expressing a desire that fresh experiments might be tried by practitioners on a subject so important.

The wish expressed by M. Guéneau de Mussy, has been already partly fulfilled; experiments sufficiently multiplied have just been made by M. Lisfranc, at his surgical *clinique*, in the Hospital La Pitié. It results from these experiments, says M. Lisfranc, that when administered according to the formula of M. Serre, the mercurial ointment most commonly fulfils the end proposed; but in the climate which we inhabit, it sometimes brings on salivation. It is principally, he adds, in the deep and intense phlegmasiæ of the subcutaneous tissues, that the abundant application of mercurial ointment succeeds, especially when the precaution is taken of extending it two or three lines beyond the limits of the disease. He cites striking cases of cure obtained by this medicine. But it failed most commonly in the slight and superficial phlogoses—as erysipelas. Pure axunge succeeds best in these cases. Moreover, he adds, if, before M. Serre, the mercurial ointment had been advised in America or England against erysipelas, it must be acknowledged that no practitioner before him had prescribed it in quantities so large, nor established a true formula as he has done. We should be deceived were we to judge altogether of the efficacy of this method by its results in erysipelas; in phlegmon, whitlow, and in the deep-seated but external phlogoses, the remedy offers a most precious resource.

M. Velpeau has tried mercurial ointment in the treatment of inflammation, and principally in erysipelas; he found that in superficial inflammations, the mercurial ointment had no great advantage over lard; but it was otherwise in deep-seated inflammations; it is incontestible that in these

cases, mercury produced effects which may be expected in vain from lard; it is one of the best resolvents we can have; he has seen pytalism sometimes supervene, but not before the third or fourth day; he has been less successful than M. Serre, but he admits that he has not followed his formula.

M. Blandin has employed the mercurial ointment in many cases of traumatic erysipelas; he is far from approving the practice, which has been disastrous in his hands. This has not been the case with phlegmonous inflammations, in which he highly extols the method of M. Serre; he has had many cases of palmar whitlow, extensive and serious, and of metro-peritonitis supervening on amputation of the neck of the uterus, in which this medication has succeeded contrary to all expectation.

"Many eminent surgeons," says the writer in the *Bulletin*, "have consequently adopted, at the Hotel-Dieu, at La Charité, and at La Pitié, the practice of mercurial inunctions in phlegmonous inflammations, and they acknowledge in the method of M. Serre a marked superiority over other means employed in such cases."

#### ART. II.—USE OF THE AIR-PUMP IN DISEASE.

In a late number of the "Intelligencer," in giving an account of the proceedings of the Medical Department of the British Association at Liverpool, we stated, that Sir James Murray exhibited a machine for forming a kind of bath *in vacuo*, by which means the surface of the body, even when cold and collapsed, soon becomes warm and turgid; and that it admitted of being used locally—as to a paralysed arm, &c. We have before us some observations on the agency of the air-pump, read before the British Association, by the same gentleman in 1835.<sup>2</sup> Sir James lays the claim of having employed the remedy since 1812. In the use of the air-pump vapour-bath he seems, however, to have been anticipated. Our friend Dr. Mease has been so good as to place before us a description, with a plate, of an "air-pump vapour-bath, an efficacious remedy in gout, rheumatism, contractions and enlargements of joints, palsy, cutaneous, and almost all chronic diseases," which was introduced into this country a great many years ago, by a person of the name of Hebert, and was found useful in several morbid conditions.

The *modus operandi* of diminished pressure is sufficiently evident; but in many cases we doubt not that the main efficacy is excitant or revellent, by virtue of the modified condition of the nervous system consequent on such altered pressure.

#### ART. III.—MEDICAL TOPOGRAPHY—No. 9.

ON THE DISEASES THAT PREVAIL IN THE SOUTHWESTERN PARTS OF THE UNITED STATES—THEIR CAUSES, NATURE, AND TREATMENT—A SUITE OF OBSERVATIONS BY LEONARD C. M'PHAIL, M. D., OF THE MEDICAL STAFF, UNITED STATES ARMY.

(Continued from page 334.)

##### *Affections of the Spleen.*

In no country, for its population, is a greater number of disorders of the spleen met with than in that of the Arkansas. In the neighbourhood of Fort Gibson and at the post I believe *one in eight* of the older residents suffer from enlargements of this viscus. I have seen cases in infants of

<sup>1</sup> For December 1st, p. 316.

<sup>2</sup> Observations on the Medical and Surgical Agency of the Air-pump, read before the British Association, in 1835. By Sir James Murray, M. D., T. C. D., &c. &c.

a few months old, evidently engendered by the influence of climate—in two cases, developed so early after birth, however, as to lead to the supposition of congenital acquirement. Many of these cases of enlargements of the spleen have been unprecedented by attacks of fever; and such have generally resisted *all* the plans of treatment which the present state of our medical knowledge affords. It would seem that enlargements of this character are produced by what has been denominated the *secret influence* of malaria—expending its force silently upon a single viscus of the animal economy, in a manner at present altogether mysterious. The permeability of animal tissues to gaseous fluids, so clearly established, first by our countryman, Dr. J. K. Mitchell, and subsequently verified by the physiological experimentalists of Europe, leave us no longer in doubt as to the manner in which malaria enters the system; but why it should expend its force first mainly, if not wholly, upon organs intimately connected with the portal circulation, is as yet unaccountable. We must not, however, despair of arriving at just conclusions on this subject, in an age when physiological science and pathological anatomy are cultivated with so much zeal in the new as well as in the old world.

In the cases of disorders of the spleen that have fallen under my notice, I have observed among them some of merely deranged nervous function, others the products of active and chronic inflammation; but the greater number have been cases of pure sanguineous engorgement, resulting from remittent or intermittent fevers.

I have not space to enter into a full description of the pathological condition of the spleen induced by a protracted residence in a malarious district, repeated attacks of miasmatic fevers, or that usually found in cases of congestive typhus. But I may remark, that as far as my observation extends, an ill or untreated *splenitis* results often in an induration of the viscus from the deposition of coagulable lymph from its proper *nutrient vessels* taking on inflammatory action.<sup>1</sup> That attacks of miasmatic fevers, particularly of the intermittent type, often induce an afflux of blood to the spleen through its *afferential vessels* (invited to it by a morbid condition of its nerves), distending its multilocular substance; and this frequently repeated causes enlargement of its cells, enabling them to hold an abnormal quantity of blood. That a continued residence in a malarious district, unattended with fever, is productive of an enhanced growth of the proper structure of this viscus. That, in congestive fevers, these enlargements are chronic and precede the fever; and when a fatal termination ensues, it is anticipated by the death of the spleen—which in such cases is found softened, of nearly a semi-fluid consistence, all within its *tunica propria* being morbidly grumous blood.<sup>2</sup> Furthermore, that *indurations* of the spleen are more often followed by dropsical effusions than simple engorgements: that these indurations are not often the results of fever but of idiopathical inflammations, produced in most instances by the influence of malaria; and that the *ascitis* which follows is the effect of an extension of the inflammatory action to the abdominal serous surfaces. That engorgements, by the mechanical resistance which they present to the free return of blood from the lower abdominal viscera and from the extremities, predispose to dropsical effusions; and besides, during the progress of a fever are likely to take on morbid action, ending in destruction of parts essential to life, and thus producing death. That by the slowness and imperfectness of the circulation of the blood through a morbidly enlarged mass, a vitiation of that fluid is induced—the

<sup>1</sup> I have seen the viscus in such cases of a gristly appearance and firmness, with total destruction of its natural cellular structure.

<sup>2</sup> The spleen of private Mulvahill, Co. C, 2d U. S. artillery, dead of congestive typhus, at Fort Jackson, Louisiana, in the winter of 1834-35, was of this character; but more remarkable for its enormous dimensions—occupying, as it did, more than half the abdomen, and extending downwards into the pelvis. It was thirteen inches in its greater length by eight inches in its smaller breadth, and in some places four inches in thickness.



taint of which extends throughout the whole sanguiferous system, producing a *cachectic* habit, the most common result of enlarged or engorged spleen.<sup>1</sup>

I believe that enlargements of the spleen, the effects of inflammatory action, may be distinguished from those consequent upon mere sanguineous engorgement, as well as from those, the productions of the silent influence of malaria. Enlargements produced by inflammation are generally hard to the touch, and usually *always* more or less painful, but seldom surpass their acquired bounds during a paroxysm of ague, yet become more acutely sensible during its progress to a fever. To the touch they at all times present the feel of *induration*: though sometimes only in spots—particularly in the inferior and left lateral portions—whilst the right is often free from any appreciable lesion. Simple sanguineous engorgements have a soft, spongy, elastic feel, during the absence of febrile excitement—whilst during the progress of an ague they impress us with the sense of *distension* and not of hardness. Enlargements consequent upon the silent influence of malaria, generally present a *doughy* feel, the consequence of a hypertrophied growth; and give us the sense of distension, if the patient be labouring under febrile excitement.

*Treatment.*—In active inflammations of the spleen, depletion by blood-letting, general and local, is imperiously demanded; the physician must be careful, however, not to mistake the pain of distension from engorgement for that of inflammation. The viscus in a state of active inflammation is acutely sensible to percussion, and but slightly so, and often not at all, in simple engorgement. Abstractions of blood in simple engorgements of the spleen I deem hurtful, as they only tend further to debilitate the viscus in common with the general system, upon which the pathological state mainly in such cases depends. In active inflammations of the spleen I have drawn at once as much blood by venesection as the patient could bear without syncope, and in a short time after have scarified and cupped, or what is preferable, applied leeches freely over the splenic region—following either by warm emollient cataplasms—gave a mild mercurial purgative, and aided its operations by laxative enemata—enjoined the free use of mucilaginous drinks and absolute diet—calmed the gastric irritability so usually present by cool acidulated draughts taken in small quantities, or by ice-water, or rolling ice in the mouth, and swallowing morsels occasionally. Where the disease threatened to become chronic we applied blisters successively, and kept them running with irritating unguents. Where hardness remained after inflammatory action had subsided, we prescribed frictions of camphorated mercurial ointment—the application of a flannel roller and the nitro-muriatic foot-bath and frequent warm bathing.

Chronic *indurations* of the spleen, consequent upon inflammation, have, in my hands, resisted *all* the plans of treatment devised for their cure by “the masters of the healing art.” The various preparations of *mercury* and *iodine*—given internally, worn as plasters, or used by friction—have been alike unsuccessful. Temporary relief has alone been obtained by cupping or leeching, low diet, change of residence, mineral water bathings, keeping the bowels free by enemata, and wearing an emplastr. *ri. abiet. c. tart. ant. et potass.* over the left hypochondrium.

Those *enlargements* produced by the silent and almost unheeded action of miasmata, resist, in a great number of cases, as we have already noticed, the usual plans of treatment laid down in authorities for their cure. For—

<sup>1</sup> *Cancrum oris* is a very common affection in the Arkansas country; often whole families are attacked with it. It there depends, in most cases, upon a cachectical or scorbutical state of the economy—the result of a vitiation of the blood, attendant upon a sluggish circulation through an enlarged spleen, or produced by the long continued operation of miasmatic poison, with the use of unwholesome food.

Hæmatemesis, hæmorrhoids, bloody and sero-mucous alvine discharges, chronic dysentery, lientery, and varicosis, are very commonly met with in those labouring under spleen disorder—especially in such cases of enlargement as present impediment to a free return of blood from the bowels and lower extremities.

unately these kinds of *growth* are more inconvenient than presently dangerous; yet the enjoyment of a perfect state of health is incompatible with their existence; and the danger of a fever taking on a congestive form in a person thus affected is great. All that can be done in these cases is to guard the individual against the further influence of the producing cause upon which the enlargement depends. Comparative health may be enjoyed in a healthy dry atmosphere,—by the observance of a hygienic course of living, by improving the condition of the exhalent system through general bathing and the use of the flesh-brush, by keeping the bowels free by occasional enemata—by strengthening the system by the exhibition of mineral tonics, particularly the ferruginous preparations, and the frequent use of the cold dash.

Simple engorgements of the spleen attendant upon intermittent fevers, if recently acquired, are capable of reduction; and often disappear shortly after a change of residence out of an iniquated atmosphere, even without any medical treatment, by the mere observance of a hygienic course of living. Not so, however, with chronic cases of long standing; these require in addition the use of such medicines as are calculated to diminish the quantity of blood, and at the same time improve the general condition of the system. Of this kind are "Twining's Spleen Mixture,"<sup>1</sup> and the muriate of ammonia and the muriated tincture of iron combined, or the tinctura ferri ammoniati. It is this condition of the spleen that often yields to the treatment of the experienced medical practitioner, whilst the others often remain the *opprobria* of our art.

We have found benefit in enlargements of the spleen resulting from attacks of fever as well as in those produced by the silent influence of malaria—by the pursuit of a gentle mercurial course<sup>2</sup> alternated with the use of decoctions of sarsaparilla and dandelion combined, a wine-glassful three or four times a day. At the same time using frictions with the flesh-brush, and wearing flannel next the skin, and making compression to the abdomen by means of a flannel roller, nitro-muriatic pediluvia, and general warm bathing.

In cases of spleen disorder, complicated with general cachexy or scorbutis—especially if cancrum oris be present—*mercury* in any form or exhibited in any manner, produces frightful effects and often fatal consequences. Many of the United States dragoons, on their return to Fort Gibson, in 1834, from General Leavenworth's expedition in the Washita country, where they had subsisted in the most wretched manner, became, as I am informed, cachectic and completely worn down. These were seized with a congestive form of fever on their homeward route—which became aggravated on their arrival at Fort Gibson—and *there*, without scarcely the common offices of humanity, they perished by scores. I am informed that in the treatment of their cases *calomel* was used almost *ad libitum*. In consequence, *gangænosis* of the mouth and jaws ensued; and many before death were loathsome and insupportable burdens to their attendants. Of the few that recovered some remain deformed monuments of medical error.

<sup>1</sup> R. Pulv. jalapæ, rhei, columbæ, zingiberis, potass. super-tartratis, aa. ℥ i.  
Ferri sulphatis, gr. x.  
Tinct. sennæ, ℥ iv.  
Aquæ menth. sativæ, ℥ x.  
Misce. Dose, ℥ iss twice daily to an adult.

<sup>2</sup> R. Mass. ex hydrarg. ℥ i.  
Ext. taraxac., ℥ iv.  
M. et ft. mass. in pil. xl. divid. Dose,—two, morning and evening.

## ART. IV.—CHOLERA IN LONDON.

Our London Medical Journals to the fourth ultimo left but little doubt that the cholera existed—but, apparently, not as an epidemic—in London. The London Medical Gazette (Nov. 4, p. 220), and the Lancet (Nov. 4, p. 207), have no doubt of the fact; but the London Medical and Surgical Journal (Nov. 4, p. 109), denounces the whole rumour as an emanation from alarmist cholera hunters. The Lancet asserts, "We have made it our business to visit the Limehouse district; we have seen four of the surgeons by whom the report (as to the existence of cholera there) has been signed, and these gentlemen, all of whom have had extensive experience of Asiatic cholera, have assured us that not the slightest doubt can be entertained of the identity of the disease at Limehouse with the epidemic of 1832."

The following remarks are from a contemporary of the Lancet:<sup>1</sup>

"Considerable alarm was excited some days ago by the reported appearance of cholera at the eastern extremity of the metropolis. The fact is that well marked cases of the disease have lately occurred on board the Dreadnought, and in some other situations, but without showing any decided tendency to assume an epidemic character. Now in this there is nothing beyond what has been witnessed every autumn since the first irruption of the disease in England—the cases, however, having progressively become more rare. Three months ago we saw a well-marked case of cholera at the west end of the town, but it evinced no disposition to spread. Lately a similar case occurred at St. Bartholomew's Hospital, when the only circumstance which lead to any doubt of its being cholera was that the patient recovered.

"Should the disease become epidemic (of which, however, there is at present no indication), we hope that our professional brethren will give a fair trial to the plan of administering sugar of lead with minute portions of opium, so strongly recommended by Dr. Graves in a late number of this journal."

Since the above paragraph was written we have received the periodicals referred to, up to the 25th of November. They make no farther mention of the cholera, so that all idea of its being epidemic in that city may be banished.

## ART. V.—SUPERNUMERARY MAMMA IN A MAN.

M. Pétrequin<sup>2</sup> has related the case of a man who had three mammæ, two of which were on the left side, one situated immediately beneath the other. Neither of his parents had the same peculiarity. He married and had five children, three of whom were boys and two girls. The three boys had three mammæ like the father; with this difference, that the supplementary breast was on the right side. The two daughters were also *trimammæ*, but in them the supernumerary mamma was on the right side as in the father's case. One of these had six children, in none of whom did the anomaly exist. The other had four children, equally well formed. She never

<sup>1</sup> London Medical Gazette, Nov. 4, 1837, p. 220.

<sup>2</sup> Gazette Medicale, No. 13, April 1, 1837.

suckled her infants; but after her confinement milk issued in abundance from the left side.

The case, as M. Pétrequin observes, is worthy of remark, owing to the hereditary transmission of the anomaly in the father to his five children, as well as to the sudden absence of transmission from the daughters to their ten children, and to the uniformity in the number of the mammae notwithstanding the difference of their seat.

It happens, fortunately, that these and other cases of monstrosity do not bear *dilution*, if we may be permitted the expression. When the anomaly exists in the parent, the admixture of the materials furnished by both parents is often insufficient to destroy the tendency to the same anomaly in the products of their union; but the tendency is largely diminished in the children; so that the monstrosity is less likely to occur in the grand children. Were it otherwise we should be doomed to perpetual variations in conformation, so that in the lapse of ages we might retain in few respects our quondam form.

#### ART. VI.—TIEDEMANN ON THE BRAIN OF THE NEGRO.<sup>1</sup>

The following conclusions, the result of careful observation, are those of an experienced anatomist, physiologist, and naturalist. They differ somewhat from the notions that have been generally entertained on the subject.

That the brain of the ourang-outang and ape differs from that of man,

1st. In being less, lighter, shorter, narrower, and lower.

2d. Comparing the size of the nerves, which are smaller than those of man.

3d. The hemispheres of the brain, relatively to the medulla spinalis, cerebellum, corpora quadrigemina, optic thalami, are smaller than in man.

4th. The encephalic furrows and convolutions are neither so numerous, nor so deep, as in the human species.

5th. The only resemblance which exists between the brain of the negro and that of the ourang-outang, consists in the furrows and convolutions; which are more symmetrical than in that of the European.

M. Tiedemann has deduced from these investigations the following conclusions:—

A. That the brain of the negro is, in its totality, as large as that of the European and of the other human races: the weight of the brain, its dimension, and the capacity of the bony case, demonstrate this fact.

B. The nerves of the negro, relative to the size of his brain, are neither thicker nor larger than those of Europeans, as Sömmering and his disciples have advanced.

C. The external surface of the medulla spinalis and oblongata, and of the brain and cerebellum of the negro does not present any remarkable difference from that of the natives of Europe.

D. Neither the internal structure, the distribution of the cortical and medullary substance, nor the internal organisation of the negro, offers any difference from that of the European.

E. The brain of the negro no more resembles that of the ourang-outang than the latter that of man, if we except a little more symmetrical distribution of the encephalic convolutions and furrows, although it is not quite certain that they are always the same.

<sup>1</sup> La Lancette Française, No. 81, Juillet 11, 1837.



## BIBLIOGRAPHICAL NOTICES.

*Professor Jackson's Introductory Lecture.<sup>1</sup>*

Of the qualifications of the distinguished author of this lecture as a medical teacher, the profession are all well informed; nor will this introductory detract from his reputation. It is full of interesting speculation, and must evidently have involved deep thought. It might, indeed, be objected to it, in regard to the occasion on which it was delivered, that it must have been too profoundly doctrinal for the younger portion of the auditory. This objection will not apply to our readers, and we shall therefore give—in the author's own words—his general views of the origin of pathological phenomena. After many introductory observations—which exhibit that he is fully aware of the labours of the philosophical anatomists of modern times, relating to the laws of organic development, the filiation of organs, &c.,—Professor Jackson thus proceeds:—

"Pathological phenomena are not accidents, arbitrary, unsettled, indefinite in character and occurrence. They possess a positive character, have inviolable forms. They are susceptible of a natural arrangement in orders, classes, and genera. Wherever there is order, a regular succession of phenomena or events, there must be a predominant and ruling law, or general principle. In investigating the production of pathological phenomena, we are then to look for this law. But where can it be found except in the law of organic formation—a fundamental law of all vital phenomena. This law is susceptible of deviation from its natural order. The production of monstrosities, the transformation of tissues, the alterations of organs, and the formation of anomalous products, establish the fact.

"In acute diseases pathologists have recognised two orders of phenomena or symptoms—the one general, the other local. They often exist concurrently; they are frequently connected; they are seen at times separated. There is not, then, an absolute, a necessary connection between them. This question of connection between the general and local symptoms has divided pathologists. A too limited and exclusive view of the facts has been the origin of the discussion.

"The general phenomena or symptoms termed fever, present a regular succession or series of events or phenomena. Examined accurately, they appear to follow in their progression precisely the law of development—the succession of organs, and progressive movements of vitality.

"The morbid impressions or morbid phenomena are first manifested in the surfaces—horripilation, cutis anserina, pallidness, drying up of issues and ulcers for the cutaneous surface—loss of appetite, nausea, pasty mouth, constipation, or diarrhœa, for the alimentary. They next are displayed in the spine, at the lumbar region, generally, the first nervous centre that appears in the embryo. Hence the pain in the back, the neuralgic pains of the extremities, the muscular disorder, vertigo, confusion of senses, and headache. The next link in the chain exhibits the transmission into the vascular apparatus, excitement of the heart, reaction, increased heat, rapid and forcible circulation. The last series in the chain is fulness or turgescence of the secretory apparatus, ending in an evaculatory elimination from some emunctory, as by sweat, by urine, by expectoration, by vomiting, by stool, or by the eruption of exanthems.

"The series of events that constitute fever, occupy in production and duration periods varying from a few hours or some days to several weeks.

<sup>1</sup> Introductory Lecture to the Course of the Institutes of Medicine, delivered in the University of Pennsylvania, Nov. 6, 1837. By Samuel Jackson, M. D. 8vo. pp. 30. Philadelphia, 1837.

"When the series is completed within twenty-four hours, it is called a paroxysm. When it is continued some days or weeks it is regarded as continued fever. If the paroxysm does not recur, the fever is called an *ephemera*; but, if repeated at intervals, it constitutes a paroxysmal or intermittent fever.

"The nervous centres, from the intensity, specific nature of the morbid cause, or other circumstances, appear in some forms of disease too enfeebled to produce decided vascular reaction, or to excite the discerning apparatus. They cannot relieve themselves by a complete transmission from the morbid oppression under which they labour. There is then fever with want of power—*adynamia*—fevers of the typhoid type.

"Again, some of the nervous centres are completely paralysed, and the functions of the organs they preside over and regulate are either suppressed or exist in the greatest disorder. The regular progression of the febrile series, and the natural termination of the febrile movement, are impossible. This is *ataxia* or malignant form of disease, *typhus gravior*—and what is inappropriately termed congestive fever.

"The general pathological phenomena, or fever, are seen to consist in a progression of actions proceeding in the path of the normal movements of the organism, under the guidance of the law of development; and it is no forced analogy, but a following out of a direct succession of facts or events that leads to the induction, that the same law, modified by morbid causes, presides over the general pathological as well as the natural phenomena.

"When it happens, as it does in many instances, that the morbid impression transmitted to the nervous centres is retained by them; that they are not thrown off into the vascular and secretory organs, febrile symptoms are never induced, disorders of various nervous functions ensue, and we have the class of affections designated by nosologists as the *neuroses*. The excitement of fever or the provoking of the secretions are the best methods for the cure of the *neuroses*. The fact was familiar to the highest authority for correct observation—Hippocrates—who has embodied it in an aphorism—*febris solvit spasma*.

"The second order of pathological phenomena are local. They are manifested by local signs. They are congestion, eruptions, inflammation, ulceration, suppuration, thickening, thinning, hardening, softening, transformations and degenerations of structure, or varied modifications of secreted fluids. Local diseases may be confined to a single organ, to a part of an organ, or even to a single tissue or element of an organ. Local diseases or pathological phenomena involve alterations of structure, of organisation or secretion. They must then necessarily come under the law of nutrition or individual reproduction, and consist in aberrations either of a common or specific nature, of the organic, nutritive, or formative actions.

"Local disease is often incapable of awakening general disease. The febrile apparatus remains undisturbed. No fever then accompanies the local affection. Local diseases of sufficient intensity may, however, call this apparatus into operation, and then fever will attend on the local disease. Or, the cause exciting the local disease may, at the same time, produce the general pathological phenomena, which are then concurrent with the local disorder, without a necessary connection between them. The febrile phenomena may then subside, yet the local phenomena persist in their original or even greater intensity. The acute exanthemata or eruptive fevers, produced by specific contagions, furnish examples. The fever of small-pox subsides, while the eruption of pustules continues, and the pustules themselves advance to maturation. Or, the local disease may result, as a consequence, on the general pathological phenomena or fever, from the force or intensity of the transmitted reaction, or its failure to awaken some especial secretion.

"Various modifying circumstances, which cannot now be discussed, combine to impart peculiar features to particular forms of disease, and impress them with an especial character, or complicate them with accidental phe-

nomena. These circumstances may be entirely independent of the general or local pathological phenomena. They nevertheless influence and modify them in an important manner. Such are the conditions of the blood, an essential element in all vital actions; the specific nature of the morbid influences, exerting specific powers over the vital reactions of the whole economy or of particular organs, as contagions, and other animal, malarial, or other poisons. Such, also, are the peculiar temperament, the constitution, the habits of life, and profession often of the individual."

In regard to the above views, we may observe that Professor Jackson appears to us to have attended too exclusively, perhaps, to the laws of regular organic development, and to have neglected the perversion of those actions so generally, if not universally, concerned in what have been well termed "pathological aberrations;" and again, that he may—in his speculations—have regarded the nervous centres too much as a whole. In the diseased actions which he has described, we have often been struck with the difference in the pathological phenomena, according as one or other of the great nervous systems—cerebro-spinal or organic—has been mainly impressed. In a state of health, we have a nice balance existing between the two systems; and if this balance be destroyed by any cause, so that erethism shall exist in the one, we may find the other correspondingly depressed. It has seemed to us, that this is often the case in scarlatina. Under the highly excited condition of the organic nervous system in that disease—as indicated by the surprising activity of the organs of calorification—the cerebro-spinal nervous energy has appeared to be diminished; and relief has been often obtained by excitants that are adapted to arouse this portion of the nervous system to a greater degree of activity, and which thus detract from the erethism existing in the organic nerves.<sup>1</sup> There can be no question—we think—that the organic nervous system is chiefly concerned in the production of fever. On the other hand, the cerebro-spinal nervous system may be in a state of erethism; and yet the organic nervous system, instead of being proportionately excited so as to occasion fever, may have its activity correspondingly diminished. Hence, we can understand that the various neuroses are affections of the cerebro-spinal system, and are not accompanied by fever, unless the organic nervous system participates in the excitement.

The whole of Professor Jackson's able lecture is replete with materials for thinking.

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*The Medical Examiner, No. 1, January 3, 1838.*

In our last number but one,<sup>2</sup> we announced this new periodical, edited by Drs. J. B. Biddle and M. Clymer, of this city.

The first number is now before us. It contains, amongst other matters, a lecture by Dr. Thomas Harris on Wounded Nerves; one on Cynanche Laryngea Chronica, by Prof. Chapman; a case of Severe Inflammation of the Stomach and Intestines produced by Pork, by Dr. W. Pepper; Reports of Clinical Lectures, &c., at the Philadelphia Hospital and the Pennsylvania Hospital, with bibliographical notices, editorial comments, and domestic and foreign summaries.

<sup>1</sup> See the editor's "General Therapeutics," p. 404.

<sup>2</sup> For Dec. 15, 1837, p. 343.

The plan of reporting lectures—approved and corrected by their authors—is novel in this country, although it has prevailed to a considerable extent abroad. It will constitute an interesting portion of the journal. The first number impresses us favourably. Our readers can judge for themselves as to the bill of fare. We can affirm that the articles are well prepared, and we hope that the subsequent courses may be as much to our taste.

The "Examiner" deserves encouragement.

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*Professor Fisher's Introductory Lecture.*<sup>1</sup>

On the occasion of the appointment of Dr. Fisher as Professor of Chemistry in the University of Maryland, in the place of Prof. Ducatel who had resigned, we spoke in unqualified language of the propriety of the appointment, from what we knew of Dr. Fisher's qualifications. The lecture before us we are happy to say fully sanctions the encomiums we, at the time, passed upon him. It is an able exposition of the value of a knowledge of chemistry to all, but especially to the physician; and a successful endeavour to win for pharmacy that respect to which it is so eminently entitled. The lecture is creditable, highly creditable, to the author and to the school to which he is attached; unobjectionable in its spirit, rich in its elucidations, and withal conveyed in a nervous and chaste elocution.

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**Arsenical Candles.**—The following articles have reference to a question of medical police at this time of interest in England.

At a meeting of the Westminster Medical Society on the 28th of October last—

"Dr. Scott wished to have the opinion of the society respecting a subject in which the popular health was much concerned. It might be remembered by some of the members that a few months since, Mr. Everitt introduced some experiments before the *Medico-Botanical Society*, in which he proved the existence of arsenic in some candles which had been lately brought out for the purpose of superseding the more expensive wax-lights. Mr. Everitt, in those experiments, only detected four grains of the deleterious substance in a moderate-sized candle; but it having been found by the various manufacturers that the larger the quantity of arsenic, the more alluring was the appearance of the candle, and the more brilliant the light, the poison had been gradually increased; and he (Dr. Scott) had now authority from two of the most extensive factors of these lights, to state, that one pound of arsenic to twenty-eight pounds of stearine were the proportions employed in their manufactory. Now, as these candles were not only much in use in private families, but had lately been introduced into some of the churches, and were likely to find their way into the theatres, he thought it would come within the province of the objects of the society, to state its opinion respecting the safety of such a quantity of poisonous mineral being burnt, and its vapour inhaled. The manufacturers to whom he had alluded, were anxious that the subject should be investigated; they had been compelled in self-defence to commit a fraud upon the public, by selling these fictitious articles, in consequence of the great competition which had arisen from their manufacture by at least a dozen factors in this city, each endeavouring to surpass his rivals by putting large quantities of arsenic into his candles."<sup>2</sup>

<sup>1</sup> Introductory Lecture delivered in the Chemical Hall of the University of Maryland, Oct. 31, 1837. By W. R. Fisher, M. D., Professor of Chemistry and Pharmacy, Graduate and Associate Member of the Philadelphia College of Pharmacy. (From the *American Journal of Pharmacy*.) 8vo, pp. 24. Philadelphia, 1837.

<sup>2</sup> *Lancet*, Nov. 4, p. 212.



Owing to this communication and the debate which followed, the subjoined letter was addressed to the editor of the *Lancet*:<sup>1</sup>

"Sir,—Perceiving, from the report of the proceedings of the *Westminster Medical Society*, which appears in the *Lancet* of the 4th ult., that the important question of the injurious tendency, or otherwise, of the use of arsenic in the composition of candles, was brought before its members, and a question raised as to the state in which the arsenic would be after combustion, I trouble you with a few remarks, the result of a great number of experiments, proving, most conclusively, that arsenious acid, or as it is commonly called, white oxide of arsenic, is thrown into the air, in a finely divided state, by the burning of the arsenuretted, or,—as they may with propriety be called,—corpse-candles.

"Although carbonaceous fluxes are used for reducing white arsenic to a metallic form, it will be apparent, when we remember the action of gas in a natant state, on the oxides of this metal, that the reduction is entirely prevented, in this instance, from the deoxidation of the arsenic, by the carburetted hydrogen, formed during the decomposition of the stearine, in the capillary vessels of the wick, and their consequent combination in the form of arsenio-carburetted hydrogen.

"Decomposition is again effected, during the process of combustion; the carburetted hydrogen forming, with the oxygen of the air, carbonic acid and water, whilst some carbon is set free; and the liberated arsenic is again converted into its oxide.

"This may be convincingly shown, by holding over the flame of one of these candles a glass tube, at an angle of thirty degrees. Carbonaceous matter will be seen to fly off, and be deposited around the upper orifice of the tube. Below this, a crust of the white oxide of arsenic will be formed, and, at the point on which the flame impinges, a little metallic arsenic will present itself, which, as the tube becomes heated, sublimes, and is also converted into arsenious acid.

"By this easy experiment, the quantity of arsenic used in the composition of the candle may be ascertained with considerable precision. By closing the ends of the tube, the carbonaceous matter may be used as the deoxidising agent; and on applying the heat of a spirit lamp, the whole of the pure metal can be sublimed to any convenient part of the glass.

"A short period since, having occasion to well light a large apartment, I used some spermaceti candles, recommended to me for the purpose. During the evening the air of the room became exceedingly oppressive, and several persons were distressed with an irritating cough. Suspecting the candles, I submitted them to analysis.

"One of them yielded me 160 cubic inches of arsenio-carburetted hydrogen gas, from which I obtained 27 grains of arsenious acid.

"Surely the advantages of a good appearance are not so great as to warrant a continuance of this evil practice, by which a very useful article is converted into a deadly and insidious destroyer.

"I have the honour to be, sir, yours, &c.

"ROBERT HUNT.

"*London, Nov. 5, 1837.*

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*Sir James Clark.*—The Queen of Great Britain has created her physician—Dr. James Clark—a baronet of the United Kingdom. Sir James resided for a long period at Rome, where he became acquainted with several of the German princes, and with many of the nobility and gentry of his own country; and after his return to England, he attended—we believe—Prince Leopold, who is brother to the Duchess of Kent. He was subsequently

<sup>1</sup> *Lancet*, for Nov. 25, 1837, p. 324.

appointed physician to the King and Queen of the Belgians. As the physician to the Duchess of Kent he attended the Princess Victoria, and when she succeeded to the throne he was continued her physician.

Sir James is well known in this country by his work on climate, the second edition of which was published in 1830, and by his treatise on pulmonary consumption, which was reprinted in 1835, by Messrs. Carey, Lea, and Blanchard, of this city.

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*Potableness of Water from Zinc Roofs.*—A question having arisen as to whether rain water which has fallen on zinc roofs and been collected in cisterns is adapted for internal use—M. Boutigny, Pharmacien of Evreux—and an eminent hygienist—has stated his opinion in the negative;<sup>1</sup> but we apprehend on very insufficient foundation. We have no idea that,—even if we agreed with him that the water must always contain more or less of the metal,—it could produce any injurious effects on the economy. He gives it as his opinion, that a regulation of the police should forbid the employment of rain water which has fallen on zinc roofs from being employed “as aliment or as drink.”

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*Cæsarean Section after the Death of the Mother.*—Mr. Dawson, Lecturer on Midwifery at the Newcastle-upon-Tyne School of Medicine and Surgery, has published<sup>2</sup> a case of the cæsarean section on a female, twenty-three years of age, who died of convulsions. Mr. Dawson saw her soon after death, and on placing his hand over the abdomen he felt a distinct motion in the uterine region. With the view of saving the life of the fœtus, he opened the body a quarter of an hour after death. The heart was found acting, and there was a pulsation in the umbilical cord. The pulsation continued for about twenty minutes and then ceased.

Mr. Dawson considers the case interesting, in so far as the fœtus was found alive a quarter of an hour after the death of the mother. In a recent number<sup>3</sup> we gave the particulars of a case in which it survived seven hours.

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*Recurrence of the Catamenia in Old Age.*—Dr. Strassberger, of Beeskow,<sup>4</sup> has given the case of a lady who ceased to menstruate in her forty-second year, and with the exception of some attacks of gout, remained in good health until her eightieth year. At that time—in 1832—menstruation recurred, with abdominal pain, continuing as before for four days, and it returned regularly until August, 1835. From that time it disappeared until the time of her death, which occurred at the commencement of last year.

According to her account the fluid had the usual colour and smell.

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*Self-evolution of the Fœtus.*—The German Journals have recently contained several cases of self-version of the fœtus. Two cases are described in a journal before us<sup>5</sup> by Dr. Mankiewicz, of Nackel. In one case the

<sup>1</sup> Annales d'Hygiène Publique, Mai, 1837.

<sup>2</sup> Lancet, for Sept. 30, 1837, p. 28.

<sup>3</sup> Intelligencer, for Nov. 15, 1837, p. 299.

<sup>4</sup> Medicinische Zeitung, No. 48, Nov. 30, s. 248.

<sup>5</sup> Ibid, No. 37, Sept. 14, s. 184.

shoulder presented, in the other the arm. In the former case, after a violent pain, the foot was discovered presenting, the shoulder having retreated; in the other case, the head came down; so that in neither was artificial turning necessary.

*Ioduret of Sulphur in Tinea Capitis.*—A writer in a recent English periodical<sup>1</sup> has strongly recommended an ointment formed of ten grains of ioduret of sulphur and an ounce of lard as a remedy in tinea capitis. He affirms that he was induced to make trial of it in some obstinate cases, and was much astonished at the remarkable power it possessed over the disease. He rubbed it on the head night and morning, and increased the strength of the ointment according as the affected part was able to bear the stimulus, until the ioduret bore the proportion of half a dram to the ounce of lard or spermaceti cerate.

The ioduret is made by mixing one hundred and twenty-five parts of iodine with sixteen of sulphur, and then gently heating the mixture over a slow fire or spirit-lamp, until they fuse into one mass.

*Issue Paper.*—The following formula is given for the preparation of a good issue paper, in a late number of a French periodical.<sup>2</sup>

R. Resinæ albæ (*galipot en larmes*), ℥ii.  
 Adip. Ovill. præparat. ʒ iss.  
 Cereæ albæ, ʒ ii.  
 Cetacei, ʒ iss.  
 Terebinthin., ʒ iss.  
 Alcohol. ʒ i.

Wet the fatty and resinous bodies by a gentle heat, and at the moment of passing through linen, add the alcohol; then spread upon paper in the ordinary manner.

*Phthisis Pulmonalis cured by Adventitious Erysipelas.*—It is admitted by almost all, that if any benefit is to be derived in phthisis pulmonalis from remedial agents, they must belong to the class of revellents. It is with this view, that we have recourse to blisters, tartarised antimony ointment, &c. &c. Dr. Langguth, of Annaburg,<sup>3</sup> has published the particulars of a case in which phthisis in its confirmed state, as indicated by purulent expectoration and hectic fever, was removed by the supervention of extensive erysipelas ("*pseudo-erysipelas*,") owing to frost-bitten toes; extensive supuration and sloughing occurred, but by careful attention to allow of the free discharge of the matter, and by the internal and external use of cinchona, the limb was saved; and, what is most important, from the commencement of the erysipelas and the sloughing abscesses of the lower extremity, the affection of the thorax gradually diminished, and, ultimately, wholly ceased.

<sup>1</sup> London Medical Gazette, for Sept. 9, 1837, p. 879.

<sup>2</sup> Bulletin Générale de Thérapeutique, Juin 30, 1837.

<sup>3</sup> Medicinische Zeitung, No. 32, Aug. 10, 1836, s. 158.

## NECROLOGY.

**Dr. Mackintosh.**—We regret to see, in our late British journals, the death of this gentleman announced. It took place in Edinburgh in the latter end of October, in consequence of an attack of typhus fever. Dr. Mackintosh is known amongst us chiefly for his "Principles of Pathology," of which two reprints have been made in this country, one with valuable notes, by Dr. Samuel G. Morton, of this city. Dr. Mackintosh was likewise author of various papers in the medical journals. "He devoted a great portion of time and labour to the investigation of cholera, and has made some important contributions to its morbid anatomy, the results of which were communicated to the late scientific meeting at Liverpool. He was a zealous and active man, perhaps a little too energetic as a controversialist. He had a considerable class, and his death will be severely felt in the school with which he was connected; leaving, as we believe it does, a blank both in medicine and midwifery."<sup>1</sup>

## BOOKS RECEIVED.

**From Professor Calhoun.**—Report of the Trustees of the Institution for the instruction of the Blind to the thirty-sixth General Assembly (of the state of Ohio). 8vo, pp. 12.

**From the Author.**—The Final Report of the Committee of the Philadelphia Medical Society on the Construction of Instruments, and their mode of action, in the radical cure of Hernia, (from three years' observation,) accompanied by a collation of the practical facts contained in the preliminary report: with notes, illustrations, and additional cases of hernia, and diseases resembling hernia: also illustrations of certain instruments designed for the treatment of other diseases affecting similar parts. By Heber Chase, M. D., Member of the Academy of Natural Sciences, Honorary Member of the Philadelphia Medical Society, &c. (with a motto). 8vo, pp. 243. Philadelphia, 1837.

**From the Author.**—An Oration on the Improvements in Medicine, delivered before the Philadelphia Medical Society, twelfth month, 13th, 1837. By Joseph Warrington, M. D., Honorary Member of the Society, and Accoucheur to the Philadelphia Dispensary. Published by order of the society. 8vo, pp. 28. Philadelphia, 1837.

**From the Author.**—An Introductory Lecture to the Course of Surgery, delivered in the Chemical Hall of the Washington Medical College of Baltimore. By John R. W. Dunbar, M. D., Professor of Surgery and Surgical Anatomy, and Surgeon to the College Hospital. 8vo, pp. 28. Baltimore, 1837.

**From the Author.**—A Summary of Meteorological Observations, made during the months of July, August, and September, 1837, in the city of Lexington, Ky. By Robert Peter, M. D., &c.

<sup>1</sup> London Medical Gazette, Nov. 4, 1837, p. 220.